

19 Amended Individual Income Tax Return

540X

Fiscal year filers, enter year ending: month <input type="text"/> <input type="text"/> year <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> <input type="text"/>		Your social security number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Do Not Write In These Spaces	
Your first name <input type="text"/>	Initial <input type="text"/> Last name <input type="text"/>	Spouse's social security number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
If joint return, spouse's first name <input type="text"/>	Initial <input type="text"/> Last name <input type="text"/>	Apt. no. <input type="text"/>			
Present home address — number and street including PO Box or rural route <input type="text"/>			City, town or post office <input type="text"/>	State <input type="text"/>	ZIP Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

- a Have you been advised that your original federal return has been, is being or will be audited? ☐ Yes ☐ No
- b **Filing status claimed.** (Note: You cannot change from joint to separate returns after the **original** due date of the return has passed.)
 On original return ☐ Single ☐ Married filing joint return ☐ Married filing separate return ☐ Head of household ☐ Qualifying widow(er)
 On this return ☐ Single ☐ Married filing joint return ☐ Married filing separate return ☐ Head of household ☐ Qualifying widow(er)
- c If at the time you filed the return you are amending, your parents (or someone else) claimed you as a dependent on their return, check this box. ☐
- d If claiming head of household, enter name and relationship of qualifying person on original return amended return

	A. As originally reported/ adjusted by FTB. See instructions	B. Net change: Explain on Side 2	C. Correct amount
1 a State Wages. See instructions	1a		● 1a
b Federal AGI from Form 540; Form 540A; Form 540EZ or Form 540-ADS . . .	1b		1b
2 California adjustments. See specific instructions on Schedule CA:			
a State income tax refund.	2a		2a
b Unemployment compensation.	2b		2b
c Social security benefits	2c		2c
d California nontaxable interest income	2d		2d
e Other (list) <input type="text"/>	2e		2e
3 Total California adjustments. Combine line 2a through line 2e. See instructions .	3		● 3
4 California adjusted gross income. Combine line 1b and line 3. See instructions .	4		● 4
5 California itemized deductions or California standard deduction. See instructions—	5		● 5
6 Taxable income. Subtract line 5 from line 4. If less than zero, enter -0-	● 6		6
7 a Tax method used. See instructions	7a		● 7a
b Tax. See instructions	7b		● 7b
8 Exemption credits. See instructions.	8		● 8
9 Subtract line 8 from line 7b. If less than zero, enter -0-	9		9
10 Tax from Schedule G-1 and form FTB 5870A. See instructions	10		● 10
11 Add line 9 and line 10.	11		11
12 Other credits. See instructions	12		● 12
13 Subtract line 12 from line 11	13		13
14 Other taxes (alternative minimum tax, credit recapture, etc.). See instructions	14		● 14
15 Total tax. Add line 13 and line 14. If amending Form 540NR, see instructions .	15		● 15
16 California income tax withheld. See instructions	16		■ 16
17 Excess California SDI (or VPD) withheld. See instructions.	17		■ 17
18 Renter's credit. See instructions.	18		■ 18
19 Estimated tax payments and other payments. See instructions.	19		■ 19
20 Tax paid with original return plus additional tax paid after it was filed. Complete Side 2, Part I before entering amount here.			■ 20
21 Total payments. Add line 16 through line 20, column C			21
22 Overpaid tax, if any, as shown on original return or as previously adjusted by FTB. See instructions			■ 22
23 Subtract line 22 from line 21. If line 22 is more than line 21, see instructions			23
24 Voluntary contributions as shown on original return. See instructions			● 24
25 Subtract line 24 from line 23			25
26 AMOUNT YOU OWE. If line 15, column C is more than line 25, enter difference and see instructions	■ 26	\$ <input type="text"/>	
27 Penalties/Interest included in payment. See inst.: Penalties 27a <input type="text"/> Interest 27b <input type="text"/>			■ 27c
28 REFUND. If line 15, column C, is less than line 25, enter the difference. See instructions.	■ 28	\$ <input type="text"/>	

1	a Amount paid with the original return. Do not include payments of interest or penalties.		1a	
	b Enter the serial number stamped on the face of your canceled check (if available) . . .	1b		<div style="border: 1px solid black; width: 150px; height: 20px;"></div>

2 Additional payments made after the original return was filed:

Enter in the spaces below the date of the payment(s), the serial number stamped on the face of your canceled check(s) by the Franchise Tax Board and the amount(s) of additional payment(s). If you did not receive a canceled check or made any payment(s) with a credit card, enter the payment amount(s) below and attach a copy of the statement from your financial institution showing the:

- Check number (if applicable);
- Amount of the check or charge; **and**
- Date the check or charge posted to your account.

Payment date	Serial number	Amount of payment
		\$
		\$
		\$
		\$
		\$

Total of payments listed above	2		
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3 Total payments. Add line 1a and line 2. Enter here and on Side 1, line 20	3		
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1 Enter name and address as shown on original return below (if same as shown on this return, write "Same"). If changing from separate to joint return, enter names and addresses from original returns. _____

2 a If you checked "Yes," for question **a** on Side 1, is this amended return reporting a final federal determination? ☐ Yes ☐ No

b If the answer to question **2a** is "Yes," are you filing this Form 540X to report additional tax due within six months of the final federal determination? ☐ Yes ☐ No

c If the answer to question **2a** is "Yes," what is the date and amount of the final federal determination?
 Date _____ Tax change amount _____

3 Have you been advised that your original California return has been, is being or will be audited? ☐ Yes ☐ No

4 Did you file an amended return with the Internal Revenue Service on a similar basis? See General Information E ☐ Yes ☐ No

Please explain your changes to income, deductions and credits in the space provided below. Enter the line number from Side 1 for each item you are changing. Attach all supporting forms and schedules for items changed. Include federal schedules if you made a change to your federal return. Be sure to include your name and social security number on each attachment. Refer to the tax booklet for the year you are amending.

It is unlawful to forge a spouse's signature.

Do not file a duplicate amended return unless one is requested. This may cause a delay in processing your amended return and any claim for refund.

FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0001

Instructions for Form 540X

Amended Individual Income Tax Return

General Information

Protective Claim. If you are filing a claim for refund on Form 540X for a tax year where litigation is pending or where a final determination by the Internal Revenue Service (IRS) is pending, you must write "PROTECTIVE CLAIM" in red ink at the top of your completed Form 540X. Also, specify the pending litigation or reference the federal determination on Side 2, Part II. This will assist in the proper processing of your claim.

Educational Assistance Exclusion. If you are filing Form 540X only to claim a refund related to the exclusion for employer-provided educational assistance, please attach the state copy of Form W-2c issued by your employer and write "IRC 127" in red ink at the top of your completed Form 540X.

Military Pay Exclusion. If you were military personnel who served in Bosnia, Herzegovina, Croatia or Macedonia after November 20, 1995, and are filing Form 540X to claim the military pay exclusion, please attach the state copy of Form W-2c.

Disability Benefits for Former Police Officers and Firefighters. California did not conform to the recent federal provision that allows an exclusion for disability benefits for full-time police or fire department employees who received payments due to heart disease or hypertension during 1989, 1990 and 1991, and who separated from service before July 1, 1992. Therefore, do not file Form 540X to claim a refund for California purposes.

A Purpose

Use Form 540X to correct your 1990, 1991, 1992, 1993, 1994, 1995, 1996 or 1997 California income tax return, (Form 540, Form 540A, Form 540EZ, TeleFile, Form 540-ADS or Form 540NR).

B When to File

Generally, if you filed federal Form 1040X, Amended U.S. Individual Income Tax Return, you must file Form 540X within six months unless the changes do not affect your California tax liability. File Form 540X only after you have filed your original return. If your original return was for a refund, do not file Form 540X until you receive that refund or notice of the action taken on the return. If you file Form 540X to claim a refund for tax years beginning on or after January 1, 1992, you must file within four years after the due date of the original return (excluding extension) or within one year from the date of overpayment, whichever period expires later. If you file Form 540X to claim a refund for tax years beginning before January 1, 1992, you must file within four years after the due date of the original return (including extension) or within

one year from the date of overpayment, whichever period expires later.

If you are filing your amended return after the normal statute of limitation period (four years after the due date of the original return), attach a statement explaining why the statute is still open.

If you are filing your amended return in response to a billing notice you received, you will continue to receive billing notices until your amended return is processed. In addition, you must pay the assessed tax and penalties before you can claim a refund for any part of the assessed tax and penalties.

C Information on Income, Deductions, etc.

If you have questions, such as what income is taxable or what expenses are deductible, refer to the income tax booklet for the year you are amending. Be sure to use the proper tax table or tax rate schedule to figure your corrected tax. The related schedules and forms may also help you. If you amended your federal income tax return and made changes to your medical expense deduction, charitable contributions or miscellaneous itemized deductions, you must also make adjustments on Form 540X. You must use your revised federal adjusted gross income (AGI) to compute the percentage limitations. If you need more information, see the instructions for Part II for information on how to contact the Franchise Tax Board (FTB).

D Part-Year Residents and Nonresidents

If you are a part-year resident or a nonresident of California, you must complete a corrected Form 540NR, California Nonresident or Part-Year Resident Income Tax Return, and a corrected Schedule CA (540NR), California Adjustments — Nonresidents or Part-Year Residents (tax years 1993 and later) showing any changes to your income. For tax years 1990, 1991, and 1992, complete a corrected Schedule SI, Nonresident or Part-Year Resident California Adjusted Gross Income. You must write "AMENDED" at the top of Form 540NR. Then skip line 1 through line 14 of Form 540X and start with line 15. See the instructions for line 15. Attach the corrected Form 540NR and Schedule CA (540NR) to your Form 540X. Also complete and attach any other schedules that may be affected by this change, such as Schedule P (540NR), Alternative Minimum Tax and Credit Limitations — Nonresidents or Part-Year Residents.

E Federal Notices

If you were notified of an error on your federal income tax return that changed your AGI, you

may need to amend your California income tax return for that year.

If the IRS examines and changes your federal income tax return, and you owe additional tax, report these changes to the FTB within six months. You do not need to inform the FTB if the changes do not increase your California tax liability. If the changes made by the IRS result in a refund due, you must file a claim within two years. Use Form 540X to make any changes to your California income tax returns already filed, or send copies of the changes to:

ATTN: RAR/VOL
AUDIT SECTION
FRANCHISE TAX BOARD
PO BOX 1998
RANCHO CORDOVA CA 95741-1998

With either method, you must include a copy of the final federal determination, along with all underlying data and schedules that explain or support the federal adjustment. Please note that most penalties assessed by the IRS also apply under California law. If you are including penalties in a payment with your amended return, see the instructions for line 27a, Penalties.

F Children Under Age 14

If your child was required to file form FTB 3800, Tax Computation for Children with Investment Income, and your taxable income has changed, review your child's return to see if you need to file an amended return. Get form FTB 3800 for more information.

G Ordering Tax Forms

To order forms for taxable years prior to 1997, see page 3, Part II, Contacting the Franchise Tax Board.

Specific Instructions

Please fill out Form 540X as completely as possible. Incomplete information could delay the processing of your amended return.

Name and Address

Above your name on Side 1, enter the calendar or fiscal year of the return you are amending. Print or type your name and address as follows:

- If you are amending a joint return, list your names and social security numbers in the same order as shown on your original return.
- If you are amending from a separate return to a joint return and your spouse did not file an original return, enter your name and social security number on the first line.

- If you are married, enter social security numbers for both you and your spouse whether you file joint or separate returns.

Filing Status

Your filing status for California must be the same as the filing status you used on your original or amended federal income tax return.

Exception: Married taxpayers may file either a joint return or separate returns if either spouse was:

- An active member of the United States armed forces (or any auxiliary military branch) during the year being amended; or
- A nonresident for the entire year and had no income from California sources during the year being amended.

However, if you file a joint return and if either spouse was a nonresident during the year being amended, you must file Form 540NR. See General Information D for more information.

Married taxpayers who filed separate returns but were eligible to file a joint return may change to a joint return. You cannot change from joint to separate returns after the original due date of the return.

Column A

Enter the amounts from your return as originally filed or as you later amended it. If the FTB examined or adjusted your return, enter the adjusted amounts.

Column B

Enter the net increase (+) or net decrease (-) for each line you are changing. Show all decreases in parentheses. Explain each change on Form 540X, Side 2, Part II and attach any related schedule or form. If you need more space, show the required information on an attached statement. Be sure to include your name and social security number on any attachments.

Column C

Add the increase (+) in column B to the amount in column A, or subtract the decrease (-) in column B from the amount in column A. Show the result in column C. For any amount you do not change, enter the amount from column A in column C.

Step 1

Residents: Be sure to complete line 1a, line 1b, line 3, line 4, line 5 and line 6 in column A and line 6 in column C even if you are not amending amounts on line 1a through line 5.

Nonresidents or part-year residents: See General Information D before you make any entries on Form 540X.

Line 1a – State Wages. On line 1a, column A, enter your state wages from your Form 540, line 12; or Form 540-ADS, line 12; or Form 540A, line 12a; or Form 540EZ,

line 12a. If you used TeleFile, enter your total state wages from all Form(s) W-2, box 17. If you are amending state wages, attach Copy 2 of any additional or corrected Form(s) W-2 that you received after you filed your original return.

Line 1b – Federal AGI. On line 1b, column A, enter your federal AGI from your Form 540, Form 540A, Form 540EZ or Form 540-ADS.

If you filed federal Form 1040X or received an adjustment notice from the IRS, refigure your federal AGI and enter the revised amount in column C. Explain the adjustment on Side 2, Part II.

If you are amending your federal AGI on Form 540X, line 1b as the result of filing federal Form 1040X, you must attach a copy of the signed and dated federal Form 1040X (including all revised schedules) that you filed with the IRS.

Line 2a through Line 2e – California

Adjustments. On line 2a through line 2e, show adjustments to your federal AGI based on differences between California and federal law. If you enter an amount on line 2e, attach Schedule CA (540 or 540NR) showing the changes made.

Line 3 – Total California Adjustments.

Combine line 2a through line 2e. Enter the result on line 3, column A through column C.

Line 4 – California AGI. Combine line 1b and line 3. Enter the result on line 4, column A through column C.

Line 5 – California Itemized Deductions or Standard Deduction. If you claim the California standard deduction, enter the amount allowed for your filing status.

If you change the amount of your California itemized deductions, or if you change from the standard deduction to itemized deductions, attach Schedule CA (540 or 540NR) and a federal Schedule A, Itemized Deductions.

Step 2

Line 7a – Tax Method Used. Enter in column A and column C the method used in figuring your tax.

If you used:	Then enter:
Tax Table or Tax Rate Schedule	TT
Form FTB 3800, Tax Computation for Children With Investment Income	FTB 3800
Form FTB 3803, Parents' Election to Report Child's Interest and Dividends	FTB 3803

Line 7b – Tax. Enter in column A your tax from your original return, from the notice of tax change you received from the FTB or from your latest amended return.

Using the tax table or tax rate schedule for the taxable year you are amending, enter in column C the amount of tax for the taxable income shown on line 6, column C. Be sure to use the correct tax for your filing status.

Line 8 – Exemption Credits. If you are changing the amount of your exemption credits, refer to the income tax booklet for the year you are amending. Also, explain any change in exemptions in Part II.

Line 10 – Tax from Schedule G-1 and form FTB 5870A. If you are changing the amount of your tax on lump-sum distributions or tax on accumulation distribution of trusts, you must complete and attach Schedule G-1, Tax on Lump-Sum Distributions, or form FTB 5870A, Tax on Accumulation Distribution of Trusts.

Line 12 – Other Credits. If you are changing the amount of your allowable credits, refer to the income tax booklet for the year you are amending.

If you are making a change to the amount of a credit that originally required completing a credit form, complete a credit form using the revised figures and attach it to your Form 540X. Also be sure to complete and attach other schedules that may be affected by this change, such as Schedule P (540 or 540NR), Alternative Minimum Tax and Credit Limitations.

If you are amending your return because of a change in the amount of taxes you paid to another state, complete and attach Schedule S, Other State Tax Credit. Also attach a copy of the return and schedules filed with the other state.

Line 14 – Other Taxes. Include on line 14 any additional taxes from:

- Schedule P (540 or 540NR), Alternative Minimum Tax and Credit Limitations;
- Form FTB 3501, Employer Child Care Program/Contribution Credit;
- Form FTB 3518, Employer Ridesharing Credits;
- Form FTB 3805P, Additional Taxes Attributable to Qualified Retirement Plans (Including IRAs), Annuities and Modified Endowment Contracts;
- Form FTB 3805Z, Enterprise Zone Deduction and Credit Summary;
- Form FTB 3806, Los Angeles Revitalization Zone Deduction and Credit Summary; or
- Form FTB 3807, Local Agency Military Base Recovery Area Deduction and Credit Summary.

Also include any interest on deferred tax from installment obligations under IRC Sections 453 and 453A.

Attach the schedules or forms you used to compute other taxes.

Line 15 – Total Tax. If you are amending a Form 540, California Resident Income Tax Return, add line 13 and line 14. Enter the result on line 15. If you are amending a Form 540NR, California Nonresident or Part-Year Resident Income Tax Return, for tax years 1990 through 1997, enter the amount from Form 540NR, line 46.

Step 3

Line 16 – California Income Tax Withheld.

If you are changing the amount of California income tax withheld, attach Copy 2 of any additional or corrected Form(s) W-2 that you received since you filed your original return. Beginning with tax year 1993, if you are changing the amount of "tax withheld at source," attach copy B of any additional or corrected Form 592-B, Nonresident Withholding Tax Statement, that you received since you filed your original return. For years prior to 1993, use Form 591, Report of Tax Withheld at Source, or Form 598-B, Report of Tax Withheld on Foreign and Domestic Nonresident Partners.

Line 17 – Excess California State Disability Insurance (SDI) or Voluntary Plan Disability Insurance (VPDI). If you are changing this amount, attach Copy 2 of any additional or corrected Form(s) W-2 that you received since you filed your original return.

Line 18 – Renter's Credit. (Caution: Due to a tax law change, renter's credit has been eliminated for 1993, 1994, 1995, 1996 and 1997. For these years, you may not claim the credit on your personal income tax return.) If you are claiming this credit for the first time or changing the amount of your credit, complete and attach Schedule H (540 or 540NR).

Line 19 – Estimated Tax Payments. Enter the estimated tax payments you claimed on your return, including any payment made with form FTB 3502, Application for Automatic Extension of Time to File Individual Income Tax Return or form FTB 3519, Payment Voucher for Automatic Extension for Individuals.

Line 20 – Tax Paid with Original Return. You must complete Side 2, Part I before completing line 20. Enter on line 20 the amount actually paid as shown on the "amount you owe" line on your original return. Also, include any payments made on assessments of tax that resulted from examination of your original return. Do not include payments of interest or penalties.

Step 4

Line 22 – Overpaid Tax. Enter the amount of refund received from your original return. Also, include the amount of payment that was applied to another year and any additional overpaid tax you received as a result of an examination of your original return.

Do not include any interest you received on any refund.

Line 23 – Subtotal. If line 22 is more than line 21:

1. Enter the difference as a positive number on line 23.
2. Enter the total voluntary contribution amount from your original return, if any, on line 24.
3. Skip line 25.

4. Add line 15 (column C), line 23 and line 24. Enter the result on line 26.

Line 24 – Voluntary Contributions. Enter total voluntary contributions as shown on your original return. If you did not make a voluntary contribution on your original return, enter -0-.

Line 26 – Amount You Owe. Make a check or money order payable to the "Franchise Tax Board" for the full amount you owe. Write your social security number and the tax year you are amending on your check or money order and attach it to Form 540X, Side 1.

Mail Form 540X to:

FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0001

Note: Interest is due on the amount on line 26 from the original due date of the return to the date of payment. See line 27b for more information.

Installment Payments. If you cannot pay the full amount that you owe with your amended return, you may ask to make monthly installment payments. You will be charged interest and may be charged a late payment penalty even if your request to pay in installments is granted. To limit interest and penalty charges, pay as much of the tax as possible with your amended return. To ask for an installment agreement, use form FTB 3567, Installment Agreement Request. To order the form by phone, call 1-800-338-0505, select personal income tax forms request, and enter code 949 when instructed to do so.

Line 27a – Penalties. If you are including penalties with your payment, enter the amount of penalties on line 27a. Also, attach a statement to your return that shows the following information for each type of penalty included on line 27a: type of penalty (description); the Internal Revenue Code (IRC) or California Revenue & Taxation Code (R&TC) section that provides for assessment of the penalty (if possible); and a schedule showing how you computed the penalty.

Line 27b – Interest. If you owe additional tax (line 26) and are including interest with your payment, enter the interest on line 27b. If you do not include interest with your payment or include only a portion of it, the FTB will figure the interest and bill you for it.

Line 27c – Total Interest and Penalties. Add line 27a and line 27b. Enter the total on line 27c.

Line 28 – Refund. If you are entitled to a refund greater than the amount claimed or allowed on your original return, your Form 540X should show only the additional amount due to you. This amount will be refunded separately from the amount allowed on your original return. The FTB will figure any interest owed to you and include it in your refund.

Mail Form 540X to:

FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CA 94240-0000

Note: Even after you receive a refund check, FTB may request additional information required to substantiate your claim.

Part II

Explanation of Changes

For each change you make to a line on Side 1, provide the line number and your detailed explanation of reasons for the change. Attach all supporting forms and schedules for items changed. Include federal forms and schedules if you made a change to your federal return.

Sign Your Return

Sign your return in the space provided. Please provide the name and phone number of the person to contact if we have any questions about your amended return. Also include the best time of day to call. This information will allow us to provide better service in processing your amended return.

Contacting the Franchise Tax Board

If you have not received a refund within six months of filing Form 540X, do not file a duplicate amended return for the same year. For information on the status of your refund, you may write to:

FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CA 94240-0040

Or, you may call our general toll-free phone service Monday through Friday between 8:00 a.m. and 5:00 p.m.:

Within the United States . . . 1-800-852-5711
(toll-free)
Outside the United States . . . 1-916-845-6500
(not toll-free)

Asistencia Bilingüe en Español

Para obtener servicios en Español y asistencia para completar su declaración de impuestos/formularios, llame al número de teléfono (anotado arriba) que le corresponde.

Hearing Impaired

Toll-free phone service is provided for the hearing impaired with a Telecommunications Device (TDD). Call 1-800-822-6268. FTB will also accept calls for and relay messages to any California state agency.